



Delaware Electric Cooperative, Inc.
P.O. Box 600
Greenwood, Delaware 19950

Geothermal Heat Pump Renewable Resource Fund Grant Application

___ Residential ___ Non-Residential

Member-Owner: _____ Account No. _____

Phone Number (H): _____ - _____ **(W):** _____ - _____ **Email Address:** _____

Installation Address: _____

City: _____ **Zip:** _____

Mailing Address (if different than above): _____

City: _____ **Zip:** _____

Contractor/Installer: _____

Contractor License Number: _____

Phone Number: _____ - _____ **Fax:** _____ - _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

System Characteristics

New Construction _____ Existing Home/Business _____ Replacement _____

System Type: Open Loop _____ Closed Loop/Vertical _____

Closed Loop/Horizontal _____ Direct Exchange _____

Manufacturer: Model: _____ Serial No. _____

Manual J Calculation (or equivalent) Attached _____ System Diagram and Site Plan Attached _____

Performance: System: EER _____ COP _____ (Minimum Required: EER 14.0 COP 3.0)

Estimated Savings: _____ kWh BTU per Hour Output: _____ Capacity _____ tons

System Costs

Material:\$ _____ Labor:\$ _____

Permits/Fees:\$ _____ Engineering/Design:\$ _____

Other:\$ _____ TOTAL Cost:\$ _____

***Attach Copy of Project Estimate, Purchase Order or Letter of Intent**

Grant Calculation

1. Total System Costs.....\$ _____
2. Ineligible Costs.....(\$ _____)
3. Other Incentives (source _____).....(\$ _____)
4. Sum of Reductions (add line 2 and 3).....\$ _____
5. Total Costs (line 1 minus line 4).....\$ _____
6. Multiplier.....\$ _____
EER>15 = tons x \$600(max \$3,000) or EER 14 to 15 = tons x \$500 (max \$2,500)
7. Amount of Grant Requested.....\$ _____
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Declaration

I understand and agree that: 1) the information provided in this form is true and correct to the best of my knowledge, 2) the site of installation is located in the DEC service territory, 3) the State of Delaware and its agents provide no warranty for system components, installation, performance, or operation, 4) DEC and its agents provide no warranty for system components, installation, performance, or operation, 5) all warranties are provided by manufacturer's and installing contractor, and 6) the purchaser has received a copy of this form.

Member-Owner

Signature: _____

Date: _____

Installation Contractor

Signature: _____

Date: _____

For Energy Office & DEC Only

Date Reviewed: _____ Reviewer: _____ Grant Reservation Number: _____

Approved – Date Confirmation & Claim Form Sent: _____ Ineligible - Date Letter Sent: _____ Incomplete: _____

Inspection – Date Inspector: _____ Disbursement of Grant Date: _____ Grant Amount: \$ _____

Mail or Fax this Application to:

Scott V. Lynch, Green Energy Program Planner
Delaware Energy Office
1203 College Park Drive, Suite 101
Dover, Delaware 19904
Tel: 302-735-3480; Fax: 302-739-1840